

**RECEIVED  
CENTRAL FAX CENTER**

Appl. No. 10/624,017  
Atty. Docket No. P-124C2  
Amtd dated March 17, 2005  
Response to Office Action December 16, 2004  
Customer No. 27752

**MAR 17 2005**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.	:	10/624,017
Applicant(s)	:	Gary Mitchell Davenport <i>et al.</i>
Filed	:	July 21, 2003
Title	:	Process And Composition For Controlling Fecal Hair Excretion And Trichobezoar Formation
TC/A.U.	:	1651
Examiner	:	Ruth A. Davis
Conf. No.	:	5722
Docket No.	:	P-124C2
Customer No.	:	27752

**REPLY AFTER 1<sup>ST</sup> OFFICE ACTION UNDER 37 CFR §1.111(e)**

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**INTRODUCTORY REMARKS**

Dear Sir:

In response to the Office Action dated December 16, 2004 for the above-identified patent application, please consider the following remarks. Attached hereto is a Petition for Extension of Time, and the fee required under 37 C.F.R. § 1.17(a)(1), providing for a timely response up to and including April 16, 2005.

*Remarks* begin on page 2 of this paper.

MAR 17 2005

## IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally protected. The information is intended only for the use of the individual or entity named below. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone (collect) to arrange for return of the telecopied document to us.

**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

**TO:** Examiner Ruth A. Davis - United States Patent and Trademark Office

Fax No. 703-872-9306

Phone No. 571-272-0915

*I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on March 17, 2005, to the above-identified facsimile number.*

Linda S. Jernigan (Signature)

**FROM:** Linda S. Jernigan (Typed or printed name of person signing Certificate)

Fax No. 513-622-3300

Phone No. 513-622-2811

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

- 1) Fee Transmittal - orig. w/copy
- 2) 1 Mo. Extension - orig. w/copy
- 3) Reply - 11 pages
- 4)
- 5)

Number of Pages Including this Page:

Inventor(s): Davenport et al.  
S.N.: 10/624,017  
Filed: July 21, 2003  
Docket No.: P124C2

Comments:

\*\*Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

<b>FEES TRANSMITTAL</b> <b>for FY 2005</b>  Patent fees are subject to annual revision. Effective December 8, 2004		<b>Complete if Known</b>																																													
		Application Number	10/624017																																												
		Confirmation Number	5722																																												
		Filing Date	July 21, 2003																																												
		First Named Inventor	Davenport et al.																																												
		Examiner Name	Ruth A. Davis																																												
		Art Unit	1651																																												
<b>TOTAL AMOUNT OF PAYMENT (\$120)</b>		Attorney Docket No.	P124C2																																												
<b>METHOD OF PAYMENT</b>  1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:  Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company		<b>FEE CALCULATION (continued)</b>  5. <b>ADDITIONAL FEES</b> <table border="0"> <thead> <tr> <th><u>Fee Description</u></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		<u>Fee Description</u>	<u>Fee Paid</u>	Extension for reply within 1 <sup>st</sup> month	(\$120) <input type="checkbox"/>	Extension for reply within 2 <sup>nd</sup> month	(\$450) <input type="checkbox"/>	Extension for reply within 3 <sup>rd</sup> month	(\$1,020) <input type="checkbox"/>	Extension for reply within 4 <sup>th</sup> month	(\$1,590) <input type="checkbox"/>	Extension for reply within 5 <sup>th</sup> month	(\$2,160) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$500) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>	Request for oral hearing	(\$1,000) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>	Other:	<input type="checkbox"/>														
<u>Fee Description</u>	<u>Fee Paid</u>																																														
Extension for reply within 1 <sup>st</sup> month	(\$120) <input type="checkbox"/>																																														
Extension for reply within 2 <sup>nd</sup> month	(\$450) <input type="checkbox"/>																																														
Extension for reply within 3 <sup>rd</sup> month	(\$1,020) <input type="checkbox"/>																																														
Extension for reply within 4 <sup>th</sup> month	(\$1,590) <input type="checkbox"/>																																														
Extension for reply within 5 <sup>th</sup> month	(\$2,160) <input type="checkbox"/>																																														
Information Disclosure Statement fee	(\$180) <input type="checkbox"/>																																														
37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>																																														
37 CFR 1.17 (q) Missing Parts (provisional)	(\$50) <input type="checkbox"/>																																														
Non-English specification	(\$130) <input type="checkbox"/>																																														
Notice of Appeal	(\$500) <input type="checkbox"/>																																														
Filing a brief in support of an appeal	(\$500) <input type="checkbox"/>																																														
Request for oral hearing	(\$1,000) <input type="checkbox"/>																																														
Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,370) <input type="checkbox"/>																																														
Other:	<input type="checkbox"/>																																														
<b>FEE CALCULATION</b>  2. <b>BASIC FILING FEE - Large Entity</b> <table border="0"> <thead> <tr> <th></th> <th><u>FILING</u></th> <th><u>SEARCH</u></th> <th><u>EXAMINATION</u></th> </tr> <tr> <th><u>Fee</u></th> <th><u>Fee</u></th> <th><u>Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><u>Application</u></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Type</td> <td></td> <td></td> <td><u>Fee Paid</u></td> </tr> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>			<u>FILING</u>	<u>SEARCH</u>	<u>EXAMINATION</u>	<u>Fee</u>	<u>Fee</u>	<u>Fee</u>		<u>Application</u>				Type			<u>Fee Paid</u>	Utility	(\$300)	(\$500)	(\$200)				(Total = \$1000) <input type="checkbox"/>	Design	(\$200)	(\$100)	(\$130)				(Total = \$430) <input type="checkbox"/>	Reissue	(\$300)	(\$500)	(\$600)				(Total = \$1400) <input type="checkbox"/>	Provisional filing fee			(Total = \$200) <input type="checkbox"/>		
	<u>FILING</u>	<u>SEARCH</u>	<u>EXAMINATION</u>																																												
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>																																													
<u>Application</u>																																															
Type			<u>Fee Paid</u>																																												
Utility	(\$300)	(\$500)	(\$200)																																												
			(Total = \$1000) <input type="checkbox"/>																																												
Design	(\$200)	(\$100)	(\$130)																																												
			(Total = \$430) <input type="checkbox"/>																																												
Reissue	(\$300)	(\$500)	(\$600)																																												
			(Total = \$1400) <input type="checkbox"/>																																												
Provisional filing fee			(Total = \$200) <input type="checkbox"/>																																												
<b>3. APPLICATION SIZE FEE:</b> Sheets of Spec and Drawings <input type="checkbox"/> (\$250 for each 50 sheets in excess of 100, except for sequence and program listings) <b>SUBTOTAL (2)+(3) (\$)</b>																																															
<b>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b> <table border="0"> <thead> <tr> <th></th> <th><u>Extra</u></th> <th><u>Fee from</u></th> <th><u>Fee</u></th> </tr> <tr> <th></th> <th><u>Claims</u></th> <th><u>Below</u></th> <th><u>Paid</u></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>(\$20) - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>(\$3) - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td><input type="checkbox"/> = <input type="checkbox"/></td> <td></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p><b>Fee Description</b></p> <p>Claims in excess of 20 (\$50 per claim)</p> <p>Independent claims in excess of 3 (\$200 per claim)</p> <p>Multiple dependent claim, if not paid (\$360)</p> <p>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)</p> <p>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p><b>SUBTOTAL (4) (\$)</b></p>			<u>Extra</u>	<u>Fee from</u>	<u>Fee</u>		<u>Claims</u>	<u>Below</u>	<u>Paid</u>	Total Claims	(\$20) - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Independent Claims	(\$3) - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			Multiple Dependent claims:		<input type="checkbox"/> = <input type="checkbox"/>																											
	<u>Extra</u>	<u>Fee from</u>	<u>Fee</u>																																												
	<u>Claims</u>	<u>Below</u>	<u>Paid</u>																																												
Total Claims	(\$20) - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>																																														
Independent Claims	(\$3) - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>																																														
Multiple Dependent claims:		<input type="checkbox"/> = <input type="checkbox"/>																																													
		<b>SUBTOTAL (5) (\$ 120)</b>																																													

SUBMITTED BY Name (Print/Type)				Complete (if applicable) (513) 622-0291	
Cynthia L. Clay		Registration No. (Attorney/Agent)	54,930	Telephone	
Signature		Cynthia L. Clay		Date	3/17/05

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**FEE TRANSMITTAL  
for FY 2005**

 Patent fees are subject to annual revision.  
Effective December 8, 2004

**Complete if Known**

Application Number	10/624017
Confirmation Number	5722
Filing Date	July 21, 2003
First Named Inventor	Davenport et al.
Examiner Name	Ruth A. Davis
Art Unit	1651
Attorney Docket No.	P124C2

**TOTAL AMOUNT OF PAYMENT (\$120)**
**METHOD OF PAYMENT**

1.  The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter &amp; Gamble Company

**FEE CALCULATION (continued)**
**FEE CALCULATION**
**2. BASIC FILING FEE - Large Entity**
**FILING SEARCH EXAMINATION**

<u>Fee</u>	<u>Fee</u>	<u>Fee</u>
------------	------------	------------

<u>Application</u>	<u>Fee Paid</u>		
Type			
Utility	(\$300)	(\$500)	(\$200)
			(Total = \$1000) <input type="checkbox"/>
Design	(\$200)	(\$100)	(\$130)
			(Total = \$430) <input type="checkbox"/>
Reissue	(\$300)	(\$500)	(\$600)
			(Total = \$1400) <input type="checkbox"/>
Provisional filing fee			(Total = \$200) <input type="checkbox"/>

**3. APPLICATION SIZE FEE:**
Sheets of Spec and Drawings 

(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)

SUBTOTAL (2)+(3) (\$)
**4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:**

Extra Claims	Fee from Below	Fee Paid
Total Claims <input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Independent Claims <input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Multiple Dependent claims: <input type="checkbox"/> = <input type="checkbox"/>		

\*\* or number previously paid, if greater. For Reissues, see below

**Fee Description**

Claims in excess of 20 (\$50 per claim)

Independent claims in excess of 3 (\$200 per claim)

Multiple dependent claim, if not paid (\$360)

\*\*Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)

\*\*Reissue claims: each claim over 20 and more than original patent (\$50 per claim)

SUBTOTAL (4) (\$)SUBTOTAL (5) (\$) [120]

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Cynthia L. Clay	Registration No. (Attorney/Agent)	54,930
Signature	<i>Cynthia L. Clay</i>	Telephone	(513) 622-0291

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.